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APRIL
1978

ANNUAL MEETING APRIL 25, 1978

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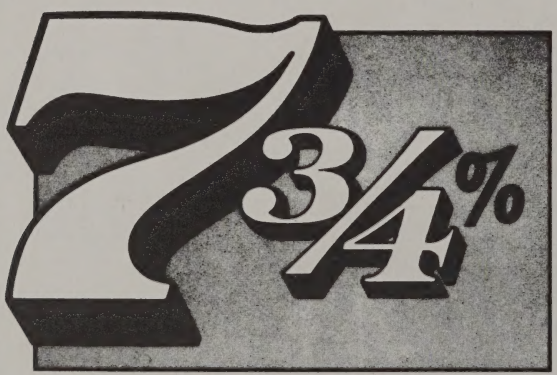

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ANNUAL MEETING

of the

HAMPDEN DISTRICT MEDICAL SOCIETY

DATE: Tuesday, April 25, 1978

PLACE: Storrowton Tavern, Stagecoach Barn
West Springfield

TIME: 6:00 P.M. Business Meeting
7:00 P.M. Social Hour
7:30 P.M. Dinner

SYMPOSIUM "The Impaired Physician"

Moderator: Aaron M. Leavitt, M.D.
Chairman, Peer Review Committee of HDMS

Speakers: Mr. E.M. Steindler, Director
Department, Mental Health, A.M.A.

Norman Paul, M.D., Chairman
Mental Health Committee, M.M.S.

Perry R. Ayres, M.D.
Ohio State Medical Association
"The Ohio Plan for Disabled Physicians"

ELECTION OF OFFICERS

Wives are invited to attend this meeting. Dinner for members of HDMS is courtesy of HDMS. The cost for wives is $8.00. Please remit checks with reservations.
If you must cancel your dinner reservations, call the office before noon on April 25, 1978. If cancellations are not made you will be billed for your dinner. □

APRIL 1978 VOL.XXXIV- NO. 4

The official bulletin
for The Hampden District
of The Massachusetts
Medical Society.
Founded in 1942 by
Edward P. Bagg, Jr., M.D. and
William A. R. Chapin, M.D.

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.
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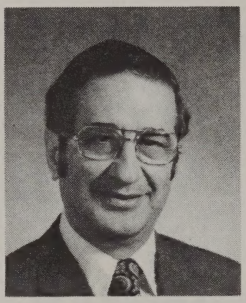

PRESIDENT'S PAGE

COMING IN FROM OUT OF THE COLD

Service in the leadership position of a medical organization is an awesome, time and person-consuming job. It is learning time about the organization, about issues, about one's self and others' self.

Today and tomorrow each member of our profession is at the epicenter of a personuclear explosion; the eye of a societal hurricane: targeted for destruction and reconstruction of delineable political forces.

We cannot allow the public trust to disintermediate from the professional repository to quasi-governmental data-banks. If we allow it to happen then a bankruptcy of the professional spirit will follow and impoverish the quality of medical care.

In California, Virginia and Minnesota vigorous, enlightened people, in the profession and out, have mobilized effective response and forced Congressional members to assess HSA plans before serious damage is done to the system of medical care delivery.

Some people here in Washington consider themselves the New Apostles of Socialism, and consider the HEW and the HSA as the vehicles for social change. They are using the public tax monies to try and create that change.

Individually and as an organic whole let us do these things:

1. Create a new salaried position for the HDMS: Planning Coordinator. The individual would work for the Society and with the President and Executive Committee in effective interaction between the community, the Legislative representatives and the HSA.
2. Crystallize the effort to unify and coordinate the four district medical societies in HSA I to deal more effectively with proposals and change.
3. Personally and collectively lobby our Senators and Representatives in Congress to amend the HSA law to allow greater representation of practicing physicians in the local health planning agencies.
4. Progress further towards better and faster communications and interaction with members of the press, television and radio.

Physicians are oriented towards problem solving situations. We can solve this one. □

ROCCO A. VERRILLI, M.D.

ANNUAL REPORTS

REPORT OF THE PUBLICATIONS COMMITTEE

The Publications Committee is a new structure formed under the amendments to the Hampden District Medical Society by-laws adopted effective July 1, 1977. At that time the then President, Dr. Verrilli, appointed the following committee:

For one year	**Howard N. Simpson, M.D., Chairman**
For two years	**John C. Ayres, M.D.**
For three years	**Walter Pacosa, M.D.**
For four years	**William J. Baker, M.D.**
For five years	**Richard D. Baldwin, M.D.**

Shortly after the Publications Committee was organized Dr. Walton Stevens resigned as Editor-in-Chief to move to Baltimore and Dr. Joseph Greenspan resigned as Secretary and Business Manager. As a result of these vacancies Vivian Purdy was appointed Managing Editor and Alicia H. Williard appointed Business Manager.

Last Spring at a meeting of the old editorial board and the new Publications Committee various procedures and future policies were discussed and it was decided that the time had come for the Hampden Hippocrat to engage in some controversial issues. For nearly four decades the Hippocrat has flailed away unilaterally at federal bureaucracy, "socialized medicine", government regulation and interference with medical practice with the effectiveness that might be achieved by hurling marshmallows at a stone wall. The new approach may have generated more heat than light. It has also brought forth from the membership considerable criticism. For example, Vivian Purdy has been told to her face that she has no business being Managing Editor; that this is a job for a doctor. The undersigned takes full responsibility for that appointment and has this suggestion to offer. If any member of the Society wishes to step forward who is willing and able to write sensibly and coherently and is capable of gathering nationally, statewise and locally, eleven times a year, a minimum of sixteen pages of copy that might interest and enlighten six hundred or more members of the Hampden District Medical Society, compose the periodical and issue it so that it is self-supporting--the Hippocrat does not cost the Society a nickel--then by all means you will be most welcome to head the team. □

HOWARD N. SIMPSON, M.D., CHAIRMAN

DR. MAX and IDA L. MILLMAN FOUNDATION

The Dr. Max and Ida L. Millman Foundation gave three loans in 1977 to medical students who were worthy, ambitious students, without regard to sex, race, creed, or national origin and domiciled in Hampden County. These loans are available each year and may be applied for through the offices of the Hampden District Medical Society by speaking with Mrs. Purdy. □

WILLIAM B. COEN, M.D.
Chairman

MEDIATION COMMITTEE

At monthly meetings a total of thirty-five cases have been considered including the February meeting. There are three cases to be considered at the March meeting.

The complaints have been of the usual type, with misunderstanding or lack of communication between physician and patient. □

SETRAG A.. ZACARIAN, M.D.
Chairman
Mediation Committee

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MEDICO-LEGAL AFFAIRS

Complaints referred to the Medical Legal Affairs Committee were reviewed with the Chairman of the similar committee of the Hampden County Bar Association.

Attorney Gelinas, President of the Bar Association and I met to respond to a request of the Community Council to give medical and legal aid to elderly persons who refused needed medical care because of mental incompetence. □

EUGENE G. BOSS, M.D.
Chairman

BLUE SHIELD COMMITTEE

The Blue Shield Committee did not meet formally. There was one problem case that was resolved satisfactorily by telephone conversation with proper Blue Shield officer. □

KULIN M. SHAH, M.D.
Chairman
Blue Shield Committee

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BY LAWS COMMITTEE

In 1975 the by-laws of Hampden District were revised to conform with extensive changes made in the by-laws of the Massachusetts Medical Society. Numerous amendments were necessary in 1976, but finally as of July 1977 our society was able to make available to all members, up to date, copies of the By-Laws and Rules of Procedure.

No meetings of the Committee have been necessary during the present term. □

HARYY N. MEMERY, M.D.
Chairman
By-Laws Committee

PUBLIC RELATIONS COMMITTEE

The Public Relations Committee has been active through 1977-1978 in responding to requests by the media for information and comment. Your representatives on the committee have made responses on television and in the printed media on varied subjects.

A meeting of the Committee was called to respond to the HSA proposals for Health Care Delivery in Western Massachusetts. We hope to be able to come up with some recommendations in the near future. Assistance has been requested from the Massachusetts Medical Society. □

BERNARD BLOOM, M.D.
Chairman
Public Relations

PEER REVIEW COMMITTEE

The scope of the Peer Review Committee has shifted to concern itself with "The Impaired Physician." Approximately 38 state Medical Societies have set up means of detecting, educating and helping the impaired physician. Massachusetts, as yet, has not come up with a plan. Our Society had scheduled an open meeting with guest speakers in February. This was cancelled and has been re-scheduled for the Annual Meeting on April 25th. □

AARON M. LEAVITT, M.D.

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AD HOC MEMBERS COMMITTEE

The recruiting campaign for new members in our medical society has been the essential topic of our Ad-Hoc Committee. Our attention has been devoted especially towards the young generation of new physicians now practicing in our community. This task has been successful to a great extent, but still additional avenues of approach need to be elaborated.

Both the members of our committee, together with some of the members of the Executive Committee of the Hampden District Medical Society and above all our Executive Secretary, Vivian M. Purdy, are to be commended for the most important of all of the advertising techniques which is "personal contact". It is indeed through this "personal contact" that most of our new recruits have joined the Hampden District Medical Society. □

FRANCO NAVAZIO, M.D.
Chairman
Ad Hoc Members Committee

SCHOLARSHIP COMMITTEE

Five medical students received scholarship funds from the interest on the polio drive from the Massachusetts Medical Society and six received funds from the Hampden District Medical Society from the five dollars included each year in the dues. Five of the recipients were females.

Applications for scholarships are available at the Hampden District Medical Society office. If you know of any deserving young medical students, please tell them about this fund available for help. □

WILLIAM A. COEN, Chairman
Scholarship Committee

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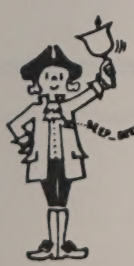
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Ad Hoc Committee on Nutrition Hampden District Medical Society

The Hampden District Medical Society established an Ad Hoc Committee on Nutrition in July of 1977 becoming the first District in the State to do so. Since then, six other Districts have established Nutrition Committees. The Massachusetts Medical Society is currently considering a recommendation for all district societies to follow suit.

The Committee's initial efforts have been at documenting nutritional resources available in the District. It is considering priorities for involvement of other Committee Members in evaluation and recommendation to the Executive Committee as to areas of appropriate nutritional efforts and needs.

Initial evaluation of Nutritional Support Services in the area hospitals would have one conclude that the Springfield area is unusually sophisticated in this regard. The surprising pre-registration at the Sheraton's Day on Nutrition, January 18, 1978 (600) and the actual turn-out of 370 attendees would seem to confirm this.

The Committee was involved in the evaluation of Obesity Clinics in the Springfield area and reported these efforts to the Executive Committee. The Massachusetts Medical Society Committee on Nutrition has prepared a position paper on the "Protein Sparing Modified Fast" and "Liquid Protein Diet" which is currently being reviewed by the Executive Committee of the Massachusetts Medical Society.

The July, 1977 report of the Nutrition Board of Massachusetts is under study by the Committee.

The Committee hopes that the 197th Anniversary Meeting of the Massachusetts Medical Society in Boston on May 23rd, which will be devoted entirely to nutrition, will be well attended by members of the District Society.

(The Committee has compiled a set of reports regarding Liquid Protein Diet which could be made available to members if enough interest is expressed.) □

HARRISON D. WILLCUTTS, M.D., CHAIRMAN
Ad Hoc Committee on Nutrition

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AN INFORMED MEMBERSHIP IS A STRONG MEMBERSHIP

It has been the custom in years past for the chairman of the District Legislative Committee to publish a list of bills which had been filed bearing some relation to medicine and health, in the March issue of the Hippocrat. The publication usually postdated meetings of the Massachusetts Medical Society Legislative Committee and the District Legislative Committee. This allowed for information concerning state and/or local support or oppostioon to the legislative proposals.

The old format must necessarily be changed for a number of reasons. The Massachusetts Medical Society Legislative Committee meeting has been scheduled and cancelled twice and is now scheduled for March 22, 1978. There has been no district meeting because its main purpose is to review and discuss the proceedings of the state meeting and then to specifically formulate our views for Hampden District.

This committee would like to stress however, that all of us should be better informed of legislative matters this year than we have ever been in the past. All members of the District Society should be receiving the "Legislative Report" from the M.M.S. committee on legislation. The publication has been made available to us at some expense in time and money, with the conviction that "an informed membership is a strong membership." There is no doubt at present and in the future that we will need both.

May we draw your attention to the December 12, 1977 and January 9, 1978 issues. To date the M.M.S. has filed two new bills and refiled four other bills for the 1978 state legislative session. We urge you to read, study and discuss these proposed bills. The second bill "An Act Changing the Name of and Concerning Fees Collected by the Board of Registration and Discipline in Medicine" is of vital importance to all of us. We will need very strong and active support from all members to have it proceed to passage. □

RICHARD J. MILLER, M.D.
Legislative Councilor

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Bills Sponsored By The MASSACHUSETTS MEDICAL SOCIETY For the 1978 State Legislation

Senate 767---An Act Regarding Life-Prolonging and Life Sustaining Treatment

Senate 398---An Act Changing The Name of and Concerning Fees Collected by the Board of Registration and Discipline in Medicine This bill would:

1. Change the name of the present Board to Board of Medical Overseers. The medical board is the only such board in the country that contains the word discipline in its title.
2. The license renewal period would be changed from two years to every three years so as to conform with national and state continuing education requirements.
3. The license fee would be changed to $75 for the three year period ($25 a year)
4. Half of the monies collected in license fees (16,000 M.D.'s at $75 equals one million two hundred thousand dollars) would be retained by the Board to carry out the Board's responsiblities.
5. The fees paid to the physicians and lawyers serving on the medical screening tribunals under Chapter 362 would be increased to $100. This increase would attract more physicians to serve on these tribunals. Many community and rural physicians cannot give freely of their valuable time to serve on these tribunals and their expertise and contributions would be most valuable in screening malpractice cases.

Senate 528---An Act To Amend The Psychotropic Drug Law. This bill would differentiate between clinical research and legitimate therapeutic medical use of psychotropic Drugs to be administered to pupils in public schools.

Senate 438---An Act To Amend The Medicaid Law Relative To A Second Surgical Opinion. This bill would change the second surgical requirements from **shall to may**.

Physicians are urged to participate in the legislative process. Make your views known to your local legisltors particularly those who serve on committees hearing health related matters. If you cannot attend public hearings telephone or write your legislators explaining your views on legislation of importance to you.

Personal contact with legislators is most helpful. □

EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, March 21, 1978 in the Conference Room of the Hampden District Medical Society.

Present were Drs. Flahive, Walthall, Fitzpatrick, Dasco, Remsberg, Lynn and Mrs. Purdy. Dr. Verrilli, President, had an emergency operation and Dr. Flahive presided over the meeting.

The meeting was called to order at 7:35 P.M. The minutes of the February meeting had been mailed to the members of the committee and the committee voted to accept the minutes as written.

Old Business

Mr. Lewis A. Shaw, public relations person for Blue Cross, HMO, Medical West Community Health Center wrote stating that he will comply by the publicity guide lines of the HDMS in informing the public of the Chicopee complex.

Dr. Whiting wrote a report of his meeting with officials of the Hampden County Jail. This report was considered informational.

A meeting was held of the Medical Legal Affairs committee between Dr. Boss and Attorney Gelinas to discuss the elderly situation of protective care. A psychiatrist is employed by the court and Attorney Gelinas does not foresee any trouble in solving the problem in the future. Another meeting of the Community Council will be held and Mrs. Purdy and Attorney Gelinas will attend.

New Business

Civil Defense is preparing for possible flood emergency care this spring and has asked Mrs. Purdy to meet with their director, Mr. Berte and Dr. Ayres. Mrs. Purdy will report back to committee and if need be a special meeting may be called of the Executive Committee.

The Annual reports that have been received with no recommendations and no controversial content were approved by the committee.

Mrs. Purdy gave a report of the Public Relations Committee meeting held in Boston of the state medical society. Educational programs are planned for news media, inluding TV, radio and newspapers. She reported on the meeting of AAMSE which was a regional meeting held recently in Washington, D.C.

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Mr. Pelissier from the Springfield Welfare Department called the HDMS office seeking a listing of physicians for referrals. The committee suggested that he use the telephone book for his referrals. Mrs. Purdy informed him that referrals were done from the HDMS office.

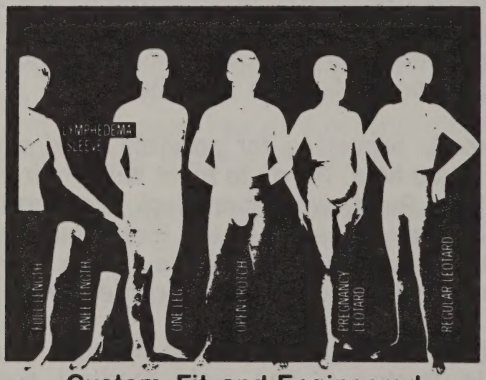
Mrs. Plotkin has asked for a physician to be on the Board of Directors of the Springfield Community Mental Health Service Systems. They want one who is not a psychiatrist. Further thought will be given to this request.

Holyoke Hospital had called the office to report the death of a young physician, Dr. Walter Baynes, who had worked in the emergency room there and was studying in New York City to become an Otolaryngologist. The administrator of the Hospital is appealing to physicians to help the widow and three children through the Massachusetts Benevolent Committee of the Massachusetts Medical Society. The committee approved placing such an appeal in the next Newsletter of the HDMS and/or the Hampden Hippocrat.

There being no further business the meeting was adjourned at 9:00 P.M.

Dr. Verrilli, President, arrived at the end of the meeting. Therefore, Mrs. Purdy and he went over all the material considered at the meeting. □

PHILIP B. STODDARD, M.D.
Secretary



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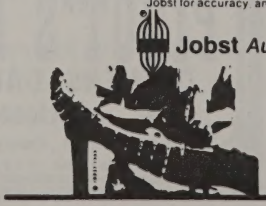

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SPRINGFIELD ACADEMY OF MEDICINE
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JOHN J. FLAHIVE, M.D.

The purpose of the Academy as defined in its by-laws are:

a) To foster postgraduate education in the various branches of medicine and dentistry.
b) To maintain an active medical library, and
c) To promote health education in the community.

The history of the Academy has been recorded in prior issues of the Hampden Hippocrat, particularly by the late Dr. Max Millman. It was eloquently presented by the late Dr. W.A.R. Chapin on the occasion of its fiftieth anniversary in 1957.

The Academy was founded in the early spring of 1907 by a small group of physicians. There were eighteen charter members. During the first twenty years, meetings were held in numberous locations in downtown Springfield. From 1927 to 1948, the Academy resided at 20 Maple St., the most prestigious building of the time. From 1948 until 1953, meetings were held at the Woman's Club. In 1953-1954, the move was made to the Springfield Municipal Hospital where it has remained since.

In the 1960's there was a proposal by the Springfield Technical Community College to house and help to operate the medical library and to provide meeting space for the professional educational programs. Although the offer was attractive, the plan floundered because, at least in the opinion of the members of the Academy, the implementation of it was very vague. In addition, there was considerable opposition to the move within the Academy.

Because of a considerable overlap in membership, between the Hampden District Medical Society and the Academy, a merger has been discussed for a number of years. A definitive study was made in the summer of 1977 and it was found that such a union was not legally feasible.

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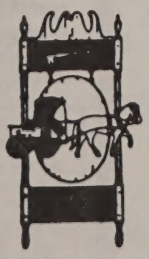

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Since the late 1950's, the role of the Academy in the Medical and Dental community has been the subject of much discussion and some debate. As hospitals have developed their own subsidized programs of medical education, the need for the Academy has been questioned.

What is the state of the Academy, today, seventy-one years after its founding? **1.** The library since its small beginning in 1915 has developed into what is widely considered to the second finest in the State. It's use is made available to physicians, dentists and educational and business institutions throughout the area. It has actively cooperated with other libraries in the area. **2.** The speaker program in the year past has been well received. Attendance has been excellent. **3.** An approach to co-sponsorship of outstanding area medical educational programs has met with success. There have been some growing pains but this appears to be an appropriate and valuable function for the Academy.

The overriding truth about the Springfield Academy of Medicine is that it is an accomplishment of the medical and dental community of the Pioneer Valley. It was founded and is sustained and largely supported by physicians and dentists. There are no government subsidies-no social planners-no outside experts. The Academy is the product of the vision of professionals who have recognized the value of continuing medical education and scholarship long before "big brother" decided it is the way we have to go.

The Academy is a MONUMENT to the devotion of the medical and dental profession which has been present in the Pioneer Valley during this twentieth century and is a LEGACY and CHALLENGE to the professional community of tomorrow. □

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WHAT HAVE WE WROUGHT AS PHYSICIANS

Health care has become a leading industry, now representing almost 9% of the Gross National Product. Any services which cost that much quite naturally receive the same attention and opinions given to taxes - namely they are too high. If we extend the comparison, both health care services and taxes are the results of public demands. The real questions which then follow are: Do we really desire these niceties and improvements and are we getting our money's worth?

In answer to the first question, we evidently want all we are getting and more. In answer to the second, despite many misleading claims to the contrary, indeed we are. Here is some of the evidence:

1. Americans are living longer and life expectancy is now at 72.5 years.
2. Those in the low income bracket visited the doctor 2.2 times annually in 1931, 4.3 times annually in 1964, and 6 times in 1975, almost 2 times more than the high income group in 1975.
3. 1960: 26 infants died per thousand live deliveries.
   1976: 16 infants died per thousand deliveries (38% decrease)
4. 1960: 761 Americans died per hundred thousand population.
   1975: 642 Americans died per hundred thousand population.
5. 1960: 37 maternal deaths per hundred thousand population.
   1975: 11 maternal deaths per hundred thousand population.
6. Since 1965 there has been a decrease in the incidence of all but five of the fifteen leading causes of death.
7. 1952: twenty thousand reported cases of paralytic poliomyelitis.
   1976: eight.

It is possible, of course, to publicize statistics which are especially selected to emphasize a predetermined point of view. Most material presented to the public during the past few years has certainly been one-sided criticism of our present health care system. The ABOVE REPORTS FROM THE U.S. BUREAU OF STATISTICS do not pretend to make comparisons; they merely represent the facts and stand in opposition to present criticisms. - MASSACHUSETTS PHYSICIAN - JANUARY 1978 □

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POLISH MEDICAL SEMINAR

Members of the Kosciuszko Foundation in Western Massachusetts are planning a 15-day Medical Symposium and Tour via Pan American in Poland from September 10th to September 25th, 1978. The program will include lectures by prominent physicians from medical centers in Poland as well as visits to medical institutions, rehabilitation centers and health resorts.

This tour-symposium is designed to encourage American physicians to share their medical experiences and data with their Polish counterparts. The symposium will open with a lecture by Professor S. Lewicki on the system of medical education in Poland. In conjunction with this lecture there will be a number of tours to rehabilitation centers throughout Poland, e.g. Konstancin Health Resort, which is famous for its therepeutic rehabilitative program using electro and light therapy. Patients with systemic and metabolic diseases and cardio-vascular disorders receive the best care available in light of these new methods. Dr. Marian Weiss, a world specialist on rehabilitation, will lecture on these methods undertaken by Poles, and the kinds of results which have influenced centers of rehabilitation throughout the world. Those participants interested in pediatric therapy will have an opportunity to observe the new Health Center for Children in Miedzylesie, dedicated to those children killed in the Second World War. Some of the highlights of the tour will include visits to the rehabilitative center attached to the Wieliczka Salt Mines outside Cracow,, a sanatorium for respiratory ailments; to health resorts within the Carpathian Mountain region, ideally situated in an area replenished by the medicinal streams and clear mountain air. One of these health resorts, the Krynica Spa, with its invigorating climate and specific properties of decreasing pressures above sea level altitudes, has gained world renown as the "Pearl of Polish Spas" in the rehabilitation of respiratory and haemo-poietic systems.

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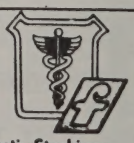

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American physicians, dentists, nurses and other health specialists and their families are invited to take part in this symposium in order to become aware of the vast resources available in Poland and to promote a mutual understanding between the two cultures. The future of America lies in its willingness to understand other cultures and daily problems existent in other national cultures. American professionals should understand their counterpart professional in Poland and to mutually recognize and respect the skills, and thereby ensure the future for future generations.

Those not taking part in the Symposium, have an opportunity to explore the many unique shops, the world renown LaZIENKI Park, where they will enjoy Chopin concerts; a visit to Warka, birthplace of Casmir Pulaski and the Jagiellonian University where Kopernicus studied. The Old Town of Warsaw and the Market Square in Cracow offer folk arts of linens, wooden ware, tapestries and amber.

Theatre, opera and ballet is a must in the beautiful restored Opera House in Warsaw. The program will also include a welcome cocktail party on arrival and a farewell dinner in the Victoria Hotel, the newest in Warsaw. □

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WELCOME NEW MEMBER

Antoine A. Saint Louis, M.D.
27 Pidgeon Dr.
Springfield, Mass. 01119

Born:	February 7, 1933
Medical School:	Faculty of Medicine, Canada, 1961
Internship:	Maisonneuve Hospital, Canada, Jan. 1964-Jan. 1965
Residency:	Maisonneuve Hospital, Canada, Jan. 1965-Jan 1967 Georgetown University Hospital, Washington, July 1967 - September 1968
Specialty:	Anesthesia Board Certified, 1973

AUXILIARY to the HAMPDEN DISTRICT MEDICAL SOCIETY

Viewing the invitations to the Annual Meeting are:

(Left to right): Arlene Corsar, Polly Miller, Cynthia Bye and Elsie Caldarola

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Annual Meeting

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Meeting: 9:30 A.M.

Champagne: 10:30 A.M.

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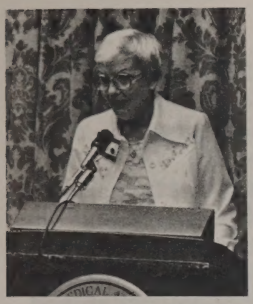

NEWS FROM NATIONAL

The Executive Board of the Auxiliary to the Hampden District Medical Society recently had the privilege of having a direct communication from the American Medical Association Auxiliary. Mrs. Hoyt D. Gardner, first vice president and membership chairman, flew from her home in Louisville, Kentucky, to address the board on March 7. Her prepared remarks were as follows:

"Thank you for the opportunity of allowing me to come to Massachusetts today to visit with you and to discuss the benefits of belonging to the American Medical Association Auxiliary. The AMA Auxiliary is a unique group. We are the spouses of physicians. We are a powerful group and last year, our membership totaled 82,935. As of February 15, 1978, we have 31,578 members. This is the highest number of members that we have had in recent years. We are hopeful this year that our membership will continue to increase to a new high. As a member of the AMA Auxiliary, you are a part of a unique family; the family of organized medicine: the American Medical Association family. The family group is very important and the number of members that work and get involved are also important. Who is going to speak out for medicine and for the freedom of medicine if it is not the doctors and their spouses? Who is going to unify this group if it is not such an organization as the AMA and its Auxiliary? Who will preserve the freedom for the patient and the physician? Who will do the lobbying? You and your husband or someone who will do it for you, like the government. At a time when the public image of physicians all over our country is portrayed as self serving, money grabbing and insensitive to people's needs, we need to be involved. If ever there was a need for a national effort to be made and unique group to do it, it is now. Who knows better than we what is the true story, the hours and the concern that these tireless, caring people give to their patients. We must all work together. Every doctor's spouse in every county, in every area of every state, to unite in this effort. We do care and we make a difference by working together.

We have other opportunities to participate in national programs that help to improve the image of medicine and physicians. Recently we had a national focus on "Immunization" and all over our land, auxiliary members worked in their communities. We have learned of "Hop-Scotch" programs being painted on sidewalks in front of all of the stores that sold children's clothing in a Connecticut community, to emphasize immunization and down in Kentucky, where I live, there were not any paved playgrounds, so the auxiliary painted the "Hop-Scotch" on lineoleum and let the children use it wherever they

could. We are just beginning to see the results of last fall's efforts. Many groups are planning springtime programs with expansion to high school and college because many youngsters in this age group, missed the health education and immunization in their earlier life.

Each state has its own medical priorities and the state medical doctors in the Association deal with their priorities at their state capitols and at their own state level, the same way that the AMA has to deal with their priorities at the national level. Most of the time we have two issues: health care and medical care and its delivery. Today organized medicine must address itself to medical care and its delivery. So why not the auxiliary to set up the priority of health care and its education on a national, state wide and county wide level? Don't be surprised if the AMA turns another health care project over to the auxiliary in the near future, something that organized medicine no longer has the time to do, but it is significant and it needs to be done on a national basis. Who better can help, but the auxiliary? Who has the time? Who has the expertise and who knows how to get things done? They need us to help them improve their image and in health education in our communities; we have a real job to do.

In the area of legislation, we can help in many ways. Nationally, the auxiliary has a member who serves on the AMA legislative council. She attends all of the council meetings, has the privilege of the floor and can serve on any ad hoc committee. She reports the activities of the auxiliary to the council and reports the actions of the council to the auxiliary. I hope you receive from your state legislative chairman, the reports that are sent out following every council meeting. We know of an auxiliary member in Montana who is the State Medical Association lobbyist. In California and Indiana, the auxiliary works hand in hand with the Medical Association to help solve some of their medical malpractice legislative problems. The auxiliary has a national legislative program known as the Legislative Alert System. This program has been set up to work for national legislative issues but it certainly can be applied to your own state legislative issues. We have had successful national legislative alerts in the past. When letters were called from the auxiliary on the HMO crisis, we made a difference. If you are really interested and concerned, get busy right now and start getting involved today.

The Health Planning Law (PL 93641), if I may refresh your memory, PL stands for Public Law, 93 stands for the 93rd Congress and 641 means the 641st bill passed during that 93rd session of Congress. The Health Planning Law PL 93641 expires on 9-3-78. Right now there is a legislative alert, so write your letter today. In this Legislative ActionProgram, it tells you how to write and on these yellow papers, it tells you the issues.

Let's talk about some of the other benefits belonging to the AMA Auxiliary. As I understand it, you have not had a President-elect from this county to attend the Auxiliary Confluence program in Chicago, in October. I urge you to send your President-elect. It is a most stimulating opportunity. Your state can send four county Presidents-elect to this next confluence in Chicago in October. National will pay the

transportation for all four. If your county is not one of those selected by your state, your county President-elect is still eligible to come to that meeting, you just need to contact Chicago and let them know of your plans. At the confluence, there is an excess of 250 county Presidents-elect, 50 state Presidents and 50 state Presidents-elect, plus the national board that will attend this meeting. All of them will be attending seminars and programs. We have auxiliary oriented programs, such as legislation, membership, project bank and AMA-ERF. We have had programs concerning the Impaired Physician, CPR Program, on being a woman. We have had political involvement programs. Some of these programs have been taped and they are available to you just for asking and the return postage.

Have you and your husband gone to any CME programs that the AMA has sponsored? Well, in the future, after July 1st, I urge you to go. The auxiliary is also sponsoring Continuing Education programs and if you are a card carrying AMA auxiliary member, you can attend these programs for free or perhaps a nominal fee, depending on the subject and the faculty. We have had programs on Investments, Closing an Office, Plastic Surgery for women, the Care of Hair and Skin. Right now, we are working with the American Nursing Association and other national professional groups. We will be offering approved credited educational units. Also there will be programs on opera, music, art and personal enrichment programs. I could go on and on.

I have a few papers with me today to tell you what you get for your $7.00 dues and how our money is spent and I do want to be able to answer your questions. First I want to tell you of a personal experience.

Three years ago, my husband was a representative to the World Health Assembly at Geneva, Switzerland. There were over 500 countries represented and he was the only free, non governmental-type of private practicing physician attending. The questions we were asked most often was, "Why is your country changing its delivery of health care system when you have the greatest system in the world?" This was very difficult for us to answer. I had the chance to talk with many of the wives and they were amazed to learn of the activities of the AMA auxiliary. Most of them did not have any involvement in a national, voluntary organization such as our auxiliary. When I visited two hospitals in Geneva and one in Leone, France, the greatest need the staff discussed with me was for volunteers; some one who cared, was concerned and interested in the health care and its delivery to the people. In Geneva, the only volunteers that they had in the hospitals were the wives of American diplomats and physicians who were assigned to the World Health Organization.

We need you to belong to our national organization, the AMA Auxiliary, and we feel that you need to belong to us. Together we can do more." □

CORRESPONDENCE

The following is written as an individual physician, not for the HDMS.

It is suggested by your Public Relations Councilor, Dr. Bernard Bloom that more letters be written to the Editors when appropriate to reply to medical problems.

Dear Sir:

The Sunday, March 12 article by William Scaife, on the Western Mass. Health Planning Council's report, was indeed perceptive, even to the point of noting the Council's rather amazing advocacy of acupuncture and herbal medicine.

Speaking personally from the viewpoint of a practicing physician, it is my firm belief that every person has the power--both short term and long term--to influence mightily, health costs. Educational efforts have long been made by physicians and many organizations to stop smoking, stop overeating, stop alcohol abuse, and stop injudicious use of drugs. Pursued to the utmost, these objectives, along with daily exercise (walking is available to almost everyone), would quite certainly reduce medical requirements by more than 50%.

Michael de Montaigne (1533-1589) said, ''Men do not usually die; they kill themselves.'' Four centuries later, human nature remains unchanged, and tobacco related premature deaths alone, account for more than 300,000 fatalities annually in the U.S.A. Expenditures for alcoholic beverages in dollars invested, are at a priority level, one and a half times that for physicians' fees.

Meanwhile, the pendulum swings. Professional health administrators and physicians, along with hospital boards of trustees, may have had too much control in the past, and not only have very little control at present, but rather limited opportunity for information input in the decision making process. Now Denver may have three or four too many half million dollar computerized tomographic units for critical study of the skull and abdomen, while Western Massachusetts has three or four too few, to serve a roughly equal total population. A hospital in Dallas, shortens costly hospital stays for some 400 cardiac patients per year, by use of a portable nuclear camera, while Western Massachusetts is without one.

Hopefully, health planners will find a way to accept more advice and guidance from physicians and hospital administrators before making life threatening decisions. An informed Health Planning Council need not have a majority of physicians and hospital administrators; just enough to help in making the best possible decisions for all concerned. □

Sincerely yours,
JOHN W. TURNER, M.D.

Mark Your Now!

(ancient Mexican calendar stone)

April 11	Springfield Academy of Medicine "Newer Trends in Management of Liver Disease"
April 18	HDMS Executive Committee Meeting
April 25	HDMS Annual Meeting "The Impaired Physician"
May 15 - 19	American College of Physician's - Boston
May 16	MMS Council Meeting
May 23 - 24	MMS Annual Meeting
June 6	HDMS Executive Committee Meeting
June 17 - 22	AMA Annual Meeting, St. Louis, Missouri

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LETTER TO THE EDITOR

Because Dr. Waxman questioned the veracity of my article (Hampden Hippocrat, January, 1978) in his letter to the editor (Hampden Hippocrat, February, 1978) I would like to direct him to my sources.

To see the truths in the Ehreureich's book, "The Health Empire" one must have observed the community for several years from the vantage point of the private practitioner. Dr. Waxman had no opportunity to do so.

Bringing up the issue of the full time cardiologist on the open-heart team lends a certain piquancy to Dr. Waxman's letter. When I wrote my article the hiring of the man appeared to be a foregone conclusion and only a negative vote by the private practitioners of the Department of Medicine prevented Dr. Waxman from hiring him.

The number of expected open-heart cases I culled from the Medical Center's application for Certificate of Need. The exact figure was 106 -- the number of patients seen in the community who would benefit from surgery. The steady decline in valve surgery and refinement of the indications for bypass will probably act to decrease this number.

The figures concerning the added cost of teaching programs I found in an October '77 issue of Medical Economics (60% more laboratory tests) and in a standard textbook on hospital economics (Berkii Hospital Economics, Lexington Books '74) - i.e. 21% increase in per diem costs.

Are full time men subsidized? While the salaries of full time men may seem unsatisfactory compared to the incomes of some private practitioners their salaries and perquisites are factored into the costs of hospitals and paid for by third parties under the existing cost plus reimbursement mechanism. Also, the hospital bills separately for consultations and treatments performed by full time men and bills more than private men would. The cost of these overpriced efforts show up once more in everybody else's insurance premiums. While full time physicians may indeed be exploited the existing billing and reimbursement practices do encourage the hospitals to employ them. Further, having been in academic medicine myself I can state that because of other legitimate responsibilities, even the most hard-working full-timer's productivity lags behind that of private practitioners.

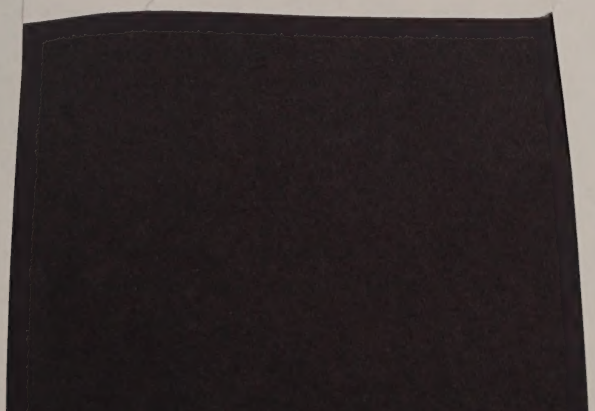
It is a fact observed by myself and others (U. Reinhart: Medical Manpower and Productivity, Lexington Books, '75 and lecture material in two courses in health economics offered recently at U. Mass.) that full-time men are more subspecialized. It is also known (ibid.) that subspecialization, physical proximity of the specialists and multispecialty groups generate more consultations.

I deeply regret that Dr. Waxman mistook my article for what it was not. I stated there and maintain that full-time men are necessary. Nevertheless their presence does raise issues we can only ignore at our own peril. □

PETER G. SELLEI, M.D.

THE OATH

I swear by Apollo the physician, and AEsculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation--to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relive his necessities if required; to look upon his offspring in the same footing as my own brothers. and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness. I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freemen slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!



ELECTIONS, 1978

Governors: Following the 1977 gubernatorial elections, the nation's governors number 37 Democrats, 12 Republicans and one Independent. In 1978, 36 governor's races will be held. Currently 26 of those are held by Democrats, nine by Republicans and one by an Independent.

State Legislatures: Democrats have a clear majority in both state houses in 36 states; Republicans have the majority in both houses in only two states; both parties control one house in the remaining 12 states.

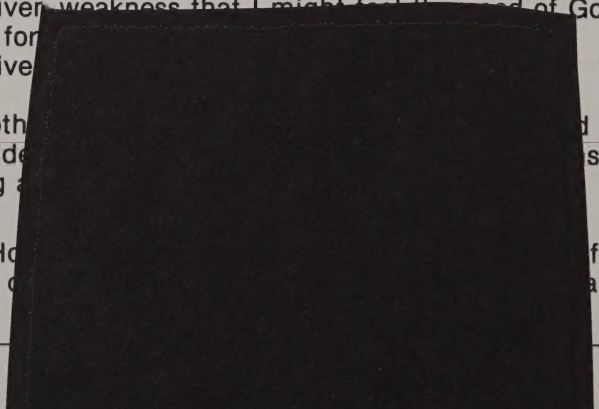
Congressional Redistricting: The people who will serve in Congress in the 1980's will be determined, in large part, by the state legislators and governors elected in 1978 and 1980. Every ten years, following the census, congressional districts are reapportioned and most states redraw their congressional district lines to adhere to the "one man, one vote" rule. According to projected statistics of the Bureau of the Census, U.S. Department of Commerce, states which will gain congressional seats in the '80's will be: Texas, 1; Florida, 2; Tennessee, 1;Oregon, 1; Arizona, 1; and, Utah, 1. States who will lose congressional districts will be: New York, 2; Pennsylvania, 1; Illinois, 1; Ohio, 1; Michigan, 1; and, South Dakota, 1. Medical family members should become involved in state legislative races and gubernatorial races in 1978 and 1980 in order to elect candidates who will draw fair congressional as well as state legislative district lines in the 1980's.

PRAYER OF A CONFEDERATE SOLDIER

I asked God for strength that I might achieve;
I was made weak that I might learn humbly to obey.
I asked for help that I might to do great things;
I was given infirmity that I might do better things.
I asked for riches that I might be happy;
I was given poverty that I might be wise.
I asked for power that I might have the praise of men;
I was given weakness that I might feel the need of God.
I asked for
I was give

I got noth d for.
Almost d swered.
I among

Sent to Dr. H from spastic
quadriplegia rt surgery.



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